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FORM 142

Approved For Release 2006 -0h399R000100100004-2 REPORTS INVENTORY PREPARE IN DUPLICATE 1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE STATISTICAL 0F Annual Report on Financial Management Improvements NARRATIVE REPORT MACHINE-NAME LISTING TRAINING ADMIN. GENERAL PERSONNEL SECURITY OTHER (specify) LOGISTICS 3. FUNCTIONAL AREA MEDICAL FINANCE DISTRIBUTION (No. of components not number of copies) 5. FREQUENCY (weekly, monthly, quarterly, etc.) 4. NO. OF COPIES PREPARED Annually 9. DIRECTIVE AUTHORITY REQUIRING REPORT 7. FORMAT (memorandum, form 8. ADP PROCESSING computer print-out, etc) YES IF YES GIVE ADP PROCESSING NO. Memo from D/Finance Memorandum II. FEEDER REPORTS (State total number and identify by Title, 10. PREPARING COMPONENT (include lowest level Form No., or nomenclature. Attach separate sheet if necessary.) contributing information to report) Memoranda from Branches Office of Chief, Accounts Division 12. COST FACTORS <u>MANUAL</u> PREPARATION AND REVIEW COSTS HOURS PER COST PER TIMES HOURLY COST PER YEAR X GRADE PREPARED REPORT REPORT RATE \$10.48 \$10.48 \$10.48 1 1 GS-13 25.68 1 25.68 GS-15 12.84 1.87 1/2 1.87 3.74 GS-06 \$38.03 COSTS OF COMPUTER PRODUCED REPORTS \$38.03 TOTAL COSTS PER YEAR 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Last two years this report has been combined with report on Significant Accomplishments Cost of preparation has been equally divided. "User" costs should be reported by recipient (PPS) which prepares consolidated Office report. FUTURE GOALS 14. ESTIMATED SAVINGS GOAL PROPOSED BY COMPONENT FOR THIS REPORT MAN-HOURS **DOLLARS** OTHER (explain) RETAIN AS IS CHANGE DISCONT INUE 18. EXTENSION 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION 16. DATE OF INVENTORY Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100004-2 FORM (22-36-43) 142 9-70

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CONTROL NO. REPORTS INVENTORY PREPARE IN DUPLICATE 1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE STATISTICAL 0F NARRATIVE Financial Management Improvement Report REPORT MACHINE-NAME LISTING PERSONNEL TRAINING ADMIN. GENERAL LOGISTICS 3. FUNCTIONAL AREA SECURITY OTHER (specify) MEDICAL FINANCE 4. NO. OF COPIES PREPARED 5. FREQUENCY (weekly, monthly, quarterly, etc.) 6. DISTRIBUTION (No. of components not number of copies) 2 Annually 7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRING REPORT computer print-out, etc) IF YES GIVE ADP PROCESSING NO. YES BOB Bulletin Memorandum NO 10. PREPARING COMPONENT (include lowest level II. FEEDER REPORTS (State total number and identify by Title, contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.) OF/SS 12. COST FACTORS MANUAL PREPARATION AND REVIEW COSTS HOURS PER HOURLY COST PER TIMES GRADE X X COST PER YEAR RATE REPORT REPORT PREPARED GS-05 \$ 3.15 1/4 . 79 1 .79 GS-10 1/4 5.75 1.44 1 1.44 GS-13 9.94 1/4 2.49 1 2.49 GS-15 12.84 1/43.21 3.21 1 \$ 7.93 7.93 COSTS OF COMPUTER PRODUCED REPORTS TOTAL COSTS PER YEAR \$ 7.93 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. A negative report is usually given to PPS for reporting to BOB since Administrative work is volume and seldom do we have items which fall into FMI scope. FUTURE GOALS GOAL PROPOSED BY COMPONENT FOR THIS REPORT ESTIMATED SAVINGS RETAIN AS IS X OTHER (explain) to be determined by BOB MAN-HOURS DOLLARS CHANGE DISCONT INUE 16. DATE OF INVENTORY 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION 18. EXTENSION Approved For Release 2006/11/13: CIA-RDP75-00399R000100100004-2

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DP75-00399R000100100004-2 Approved For Release 2006 REPORTS INVENTORY PREPARE IN DUPLICATE 1. TITLE OF REPORT (if a fill-in report include Form No.) STATISTICAL 2. TYPE Annual Report on Financial Management Improvements NARRATIVE REPORT and Significant Accomplishments MACHINE-NAME LISTING PERSONNEL TRAINING ADMIN. GENERAL OTHER (specify) SECURITY LOGISTICS 3. FUNCTIONAL AREA X = FINANCE MEDICAL 6. DISTRIBUTION (No. of components not 5. FREQUENCY (weekly, monthly, quarterly, etc.) 4. NO. OF COPIES PREPARED number of copies) Annually 5 9. DIRECTIVE AUTHORITY REQUIRING REPORT 7. FORMAT (memorandum, form 8. ADP PROCESSING computer print-out, etc) YES IF YES GIVE ADP PROCESSING NO. DD/S 67-4017 8/8/67 \mathbf{X} \mid NO <u>Memorandum</u> II. FEEDER REPORTS (State total number and identify by Title, 10. PREPARING COMPONENT (include lowest level Form No., or nomenclature. Attach separate sheet if necessary.) contributing information to report) PSAD 12. COST FACTORS PREPARATION AND REVIEW COSTS MANUAL COST PER TIMES HOURLY HOURS PER COST PER YEAR X X GRADE REPORT REPORT PREPARED RATE This report is prepared from information already used No Cost. in the Program Call. COSTS OF COMPUTER PRODUCED REPORTS В. TOTAL COSTS PER YEAR No Cost. 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OMB Requirement. FUTURE GOALS 14. ESTIMATED SAVINGS GOAL PROPOSED BY COMPONENT FOR THIS REPORT MAN-HOURS **DOLLARS** OTHER (explain) RETAIN AS IS CHANGE DISCONT INUE 18. EXTENSION 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION 16. DATE OF INVENTORY Approved For Release 2006/11/13: CIA-RDP75-00399R000100100004-2

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